

# PORTOLA OWNERS ASSOCIATION

## AGE VERIFICATION AND QUESTIONNAIRE FOR MEMBERS / OCCUPANTS

Dear Member / Occupant:

The purpose of this questionnaire is to assist the Board of Directors of the Portola Country Club Owners Association ("Association") to compile information on occupants of the Association in order to comply with the California Unruh Act (*Civil Code* Section 51.11), the Federal Fair Housing Amendments Act of 1988, 42 U.S.C. Section 3601, *et seq.*, the Federal Housing for Older Persons Act of 1995, and Federal Regulations (*Code of Federal Regulations*, Title 24, Section 100.304, *et. seq.*). Please take a few moments to complete this form. It is extremely important that the information be as accurate as possible, so please check your records if necessary to assist you.

The completed form must be returned along with a form of legal identification (your driver's license, MediCare/MediCal card, picture identification card or other form of positive identification). If multiple residents live in the unit, each resident must also provide age verification. This form must then be submitted to the Board of Directors.

1) Address of Residence:

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2) Names of all Owners of the Property:

Age

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3) Names of all Residents residing at the residence:

Age

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4) Are any residents under age 55 the spouse or cohabitant of any resident age 55 or older? (Under *Civil Code* §51.11(b)(6), "Co-habitant refers to persons who live together as husband and wife, or persons who are domestic partners..." Under Family Code § 297, "domestic partners" under age 62 must be of the same sex.)

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name of each spouse or cohabitant under age 55: Age


5) Do the occupant(s) under age 55 provide primary physical or economic support to the person age 55 or older?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name(s) of occupant(s) providing such support/type of support: Age


If yes, please provide the information verifying the Qualified Permanent Resident requirements under *civil code* as described in item 13 of Portola C.C. R&R approved by the Board 05/10/2010.

6) Facts with respect to "Permitted Health Care Residents" (California *Civil Code* Section 51.11(b)(7)):

Name(s) of any resident under age 55 who provides live-in, long term or terminal health care to a Senior Citizen:

Age


Please provide the information verifying the Qualified Permanent Resident requirements under *civil code* as described in item 13 of Portola C.C. R&R approved by the Board 05/10/2010.

7) Are any residents under age 55 both (i) disabled or have a disabling illness or injury, and (ii) a child or grandchild of the Senior Citizen or a Qualified Permanent Resident who needs to live with the Senior Citizen or Qualified Permanent Resident because of the disabling condition, illness or injury?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name(s) of the disabled child(ren) or grandchild(ren) Age

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\_\_\_\_\_  
\_\_\_\_\_

8) Are any residents under age 55 in temporary residence as a guest of the Senior Citizen or Qualified Permanent Resident?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, the date the guest began the temporary residency: \_\_\_\_\_.

(Pursuant to *Civil Code* Section 51.11(d), temporary residency may not exceed 60 days in any year.)

Each Occupant must sign the Census Questionnaire.

I declare that the foregoing information provided, including my date of birth, is accurate and correct to the best of my understanding. Executed at: \_\_\_\_\_, California on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Circle one): Printed Name of Owner/Resident/Occupant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Circle one): Printed Name of Owner/Resident/Occupant

\_\_\_\_\_  
Signature

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(Circle one): Printed Name of Owner/Resident/Occupant

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(Circle one): Printed Name of Owner/Resident/Occupant

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Signature

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(Circle one): Printed Name of Owner/Resident/Occupant